



Colorado Department
of Public Health
and Environment



Health Care Program for Children with Special Needs

HCP Specialty Clinics POLICY AND GUIDELINES

FY 13

October 1, 2012-September 30, 2013



Table of Contents

I.	HCP Program Overview	Page 2
	A. HCP Mission	
	B. Definition of Children and Youth with Special Health Care Needs	
	C. Supporting a Medical Home Approach	
II.	HCP Specialty Clinics Overview	Page 2
	A. Purpose of the Specialty Clinic Policy	
	B. HCP Specialty Clinics and Guidelines	
III.	CDPHE HCP Specialty Clinic Responsibilities	Page 6
IV.	University Contractor Responsibilities	Page 6
V.	HCP Specialty Clinic Host Site Responsibilities	Page 7
VI.	HCP Specialty Clinic Coordinator Responsibilities	Page 8
VII.	Assisting with a Referral to a Regional HCP Specialty Clinics	Page 11
VIII.	HCP Specialty Clinic Policies	Page 12
	A. Specialty Clinic Benchmarks	
	B. HCP Clinic Support Fees	
	C. Record Release from HCP Specialty Clinics	
	D. Clinic Consent and Release Information	
	E. Clinic Visit Data Collection	
	F. Clinic Billing	
IX.	HCP Specialty Clinic State Contact Information	Page 16
	HCP Specialty Clinic Forms	
	Attachment A. HCP Referral Form	
	Attachment B. Specialty Clinic Consent and Release	
	Attachment C. Specialty Clinic Appointment Letter in English	
	Attachment D. Specialty Clinic Appointment Letter in Spanish	
	Attachment E. Specialty Clinic Medical History Form	
	Attachment F. Specialty Clinic Visit Record	
	Attachment G. Specialty Clinic Data Collection Tool	
	Attachment H. Specialty Clinic Flow Chart	

I HCP PROGRAM OVERVIEW

HCP Mission

The mission of the Health Care Program for Children with Special Needs (HCP) is to work with State and community partners to develop a system of coordinated services and supports for children and youth with special health care needs. This system of support is represented by six national outcomes from the Maternal and Child Health Bureau:

- Families will be planning partners at all levels and be satisfied with the services they receive.
- Children with special health care needs will receive coordinated services within a medical home.
- All children with special health care needs will have adequate insurance.
- All children will be screened early and continuously for special health needs.
- Community-based services will be organized so families can use them easily.
- All youth with special health care needs will have the services necessary to transition to all aspects of adult life.

Definition of Children and Youth with Special Health Care Needs

The Maternal and Child Health Bureau defines Children and Youth with Special Health Care Needs (CYSHCN) as “those who have, or are at increased risk for having, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children [and youth] generally.” (McPherson, et al., 1998).

Supporting a Medical Home Approach

The American Academy of Pediatrics, the American Academy of Family Physicians and the National Maternal & Child Health Bureau are promoting medical home partnerships between providers, families, and community organizations, such as local public health agencies, to support the family and providers. Using a medical home approach, families and physicians work together to identify and access all the medical and non-medical services needed to help children and their families reach their maximum potential. Essential components of a medical home approach include care that is accessible, patient/family-centered, continuous, comprehensive, coordinated, compassionate and culturally responsive. The HCP Specialty Clinic Policy and Guidelines have been drafted with the intention of supporting a medical home approach for the children, youth and families who receive care through HCP specialty clinics.

II HCP SPECIALTY CLINICS OVERVIEW

Purpose of the HCP Specialty Clinics

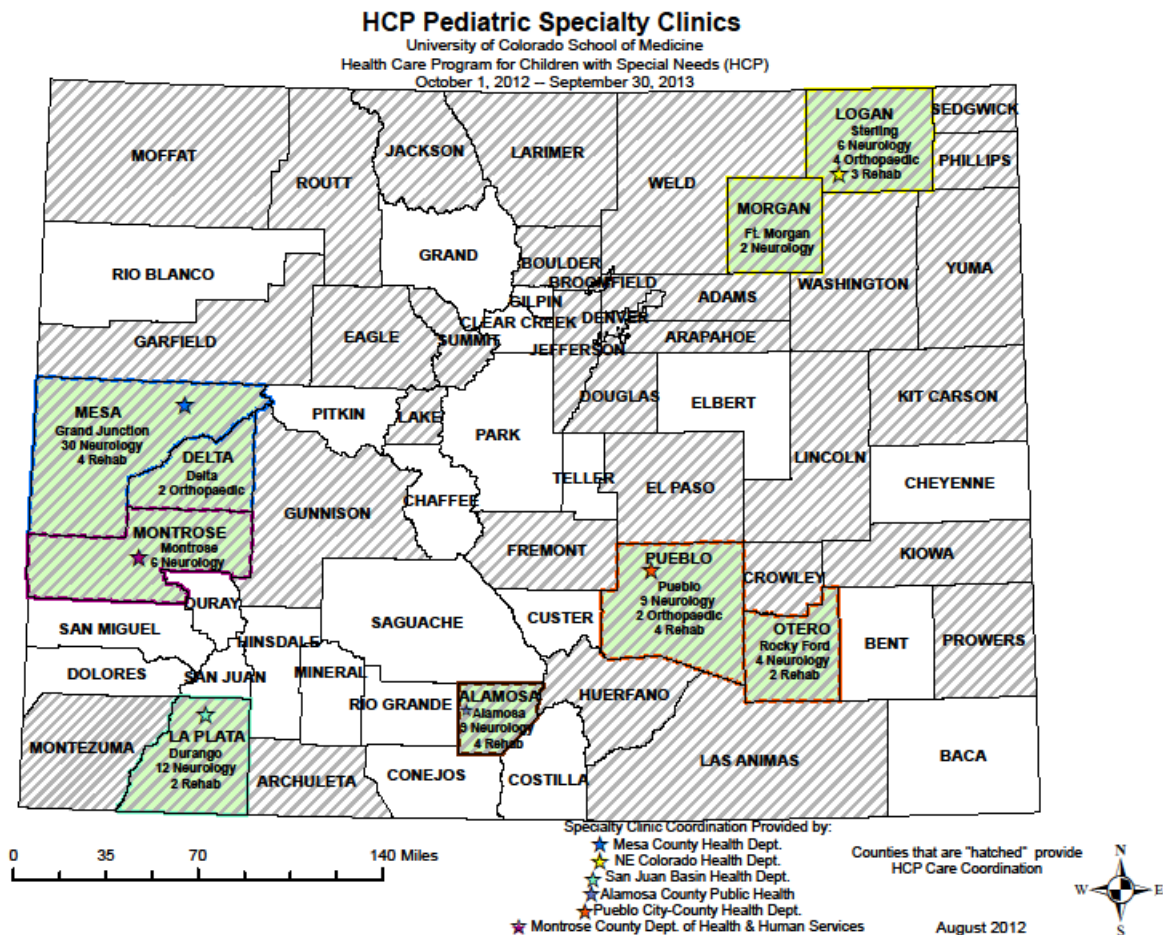
The Health Care Program for Children with Special Needs (HCP) within the Colorado Department of Public Health and Environment, contracts with University Physicians, Inc. and local public health agencies to:

- Provide access to specialty care in rural and frontier communities of Colorado, in the areas of neurology, orthopaedics, and rehabilitation.
- Coordinate pediatric specialty care in collaboration with local primary care providers and model a medical home team approach

HCP Specialty Clinics Policy and Guidelines

The purpose of the HCP Specialty Clinics Policy and Guidelines is to provide consistent guidance for local public health agencies contracted to host HCP regional specialty clinics during FY13 (October 1, 2012 – September 30, 2013).

HCP Specialty Clinic Locations and Benchmarks



Clinic Locations	Type of Clinics	Contact Information for Clinic Coordinator
Grand Junction Mesa County Health Department 510 29 1/2 Road, Grand Junction, 81504	Neurology and Rehabilitation	Lisa Hudson, 970-248-6948 lisa.hudson@mesacounty.us
Delta Delta County Health Department 255 W 6th Street, Delta, 81416	Orthopaedic	Lisa Hudson, 970-248-6948 lisa.hudson@mesacounty.us
Montrose Montrose County Department of Health and Human Services 1845 S Townsend, Montrose, 81401	Neurology	Theresa Frick-Crawford, (970) 252-5022 tfcrawford@montrosecounty.net
Sterling and Fort Morgan Northeast Colorado Health Department 700 Columbine Street, Sterling, 80751 228 W Railroad Ave, Fort Morgan, 80701	Neurology, Orthopaedic and Rehabilitation	Sherri Yahn, 970-522-3741 x1242 sherriy@nchd.org
Durango San Juan Basin Health Department 281 Sawyer Drive, Durango, 81301	Neurology and Rehabilitation	Suzanne Austin, 970-335-2019 saustin@sibhd.org
Alamosa Alamosa County Public Health Department 8900 Independence Way, Alamosa, 81101	Neurology and Rehabilitation	Julie Geiser, 719-589-6639 jgeiser@alamosacounty.org
Pueblo Pueblo City - County Health Department 101 W 9th Street, Pueblo, 81003	Neurology, Orthopaedic and Rehabilitation	Ginny Hunsaker, 719-583-4369 Virginia.hunsaker@co.pueblo.co.us
Rocky Ford Otero County Public Health Department 811 South 13th Street, Rocky Ford, 81067	Neurology and Rehabilitation	Ginny Hunsaker, 719-583-4369 Virginia.hunsaker@co.pueblo.co.us

HCP FY13 Specialty Clinic Benchmarks

Regional Site	Total clinics for region	Neuro	Ortho	Rehab	City Location	Clinic Coordinator
Western Colorado	36	30 (16x/year)		4	Grand Junction	Lisa Hudson 970-248-6948 Mesa County Health Department
			2		Delta	
Montrose	6	6 (4x/year)			Montrose	Annette Miller 970-252-5032 Montrose County Department of Health and Human Services
Northeast Colorado	15	6 (6x/year)	4	3	Sterling	Sherri Yahn 970-522-3741 x1242 NE Colorado Health Department
		2 (2x/year)			Ft. Morgan	
Southwest Colorado	14	12 (4x/year)		2	Durango	Suzanne Austin 970-335-2019 San Juan Basin Health Department
Southern Colorado	13	9 (4-5x/year)		4	Alamosa	Julie Geiser 719-589-6639 Alamosa County Public Health
Southeast Colorado	21	9 (9x/year)	2	4	Pueblo	Ginny Hunsaker 719-583-4369 Pueblo City-County Health Department
		4 (4x/year)		2	Rocky Ford	
Total 6 regional sites	Total *105 clinics	Total 78 neuro clinics	Total 8 Ortho clinics	Total 19 Rehab clinics	Total 9 clinic locations	Total 6 specialty clinic coordinators

*Number of clinics is based on full day clinics.

III CDPHE HCP SPECIALTY CLINIC RESPONSIBILITIES

A. The CDPHE/HCP Specialty Clinic Coordinator performs the following tasks:

1. Develops HCP Specialty Clinic Policy and Guidelines and update as appropriate.
2. Oversees and manages the HCP specialty clinic contract with University Physicians, Inc. (UPI).
3. Approve revisions in HCP specialty clinics benchmarks in coordination with specialty clinic host sites and the University of Colorado School of Medicine departments of neurology, orthopaedic and rehabilitation.
4. Provides orientation and assure quality standards for clinic coordination.
5. Coordinates collection of data for HCP specialty clinics.
6. Maximizes services through telemedicine.
7. Maintains standardized HCP specialty clinic forms.
8. Identifies LEAN clinic procedures in collaboration with the HCP Specialty Clinic Work Group, local public health clinic host sites, and University of Colorado School of Medicine departments of neurology, orthopaedic and rehabilitation and contracted services.
9. Facilitates and coordinates HCP Specialty Clinic Workgroup meetings.
10. Provides oversight of specialty clinic evaluation.

IV UNIVERSITY CONTRACTOR RESPONSIBILITIES

CDPHE contracts with the Regents of the University of Colorado referred to as “contractor”, for the use and benefit of the University of Colorado School of Medicine, and the University Physicians, Incorporated (a not for profit corporation of the State of Colorado) to provide pediatric specialists in neurology, orthopaedics, and rehabilitation medicine for regional HCP specialty clinics throughout the state of Colorado.

A. The contractor performs the following tasks:

1. Registers patients attending HCP specialty clinics in contractor’s electronic health record with batched appointment information and verify insurance with authorization.
2. Prepares required information, as necessary, for specialty provider to take to HCP specialty clinic, such as patient face sheet, patient labels, consent forms, last clinic note, super bill, dictation instructions, and travel information for provider.

3. Adds providers' clinical documentation (clinic dictation) to contractor's electronic health record.
4. Sends electronic copies of clinic dictation to the HCP clinic coordinator and the child's primary care provider.

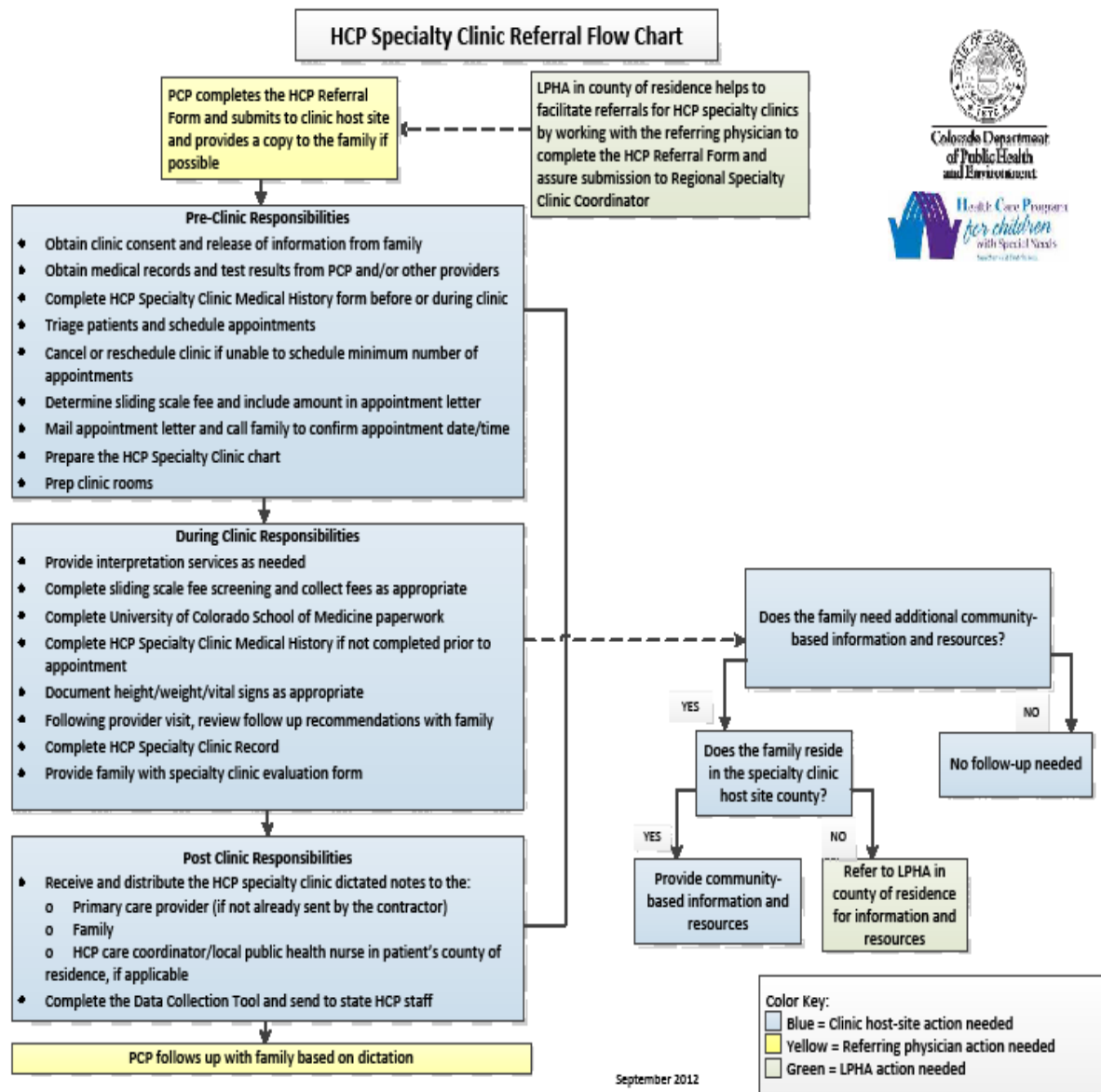
B. University of Colorado School of Medicine Departments perform the following tasks:

1. Determines HCP specialty clinic dates 6-12 months in advance in collaboration with HCP regional host sites and specialty clinic providers.
2. Notifies HCP clinic coordinator if scheduling conflict occurs and clinic needs to be cancelled at least 3 weeks prior to scheduled clinic.
3. Specialty clinic providers return completed packet of paperwork back to contractor following each HCP specialty clinic.
4. The University of Colorado School of Medicine departments for each specialty set the minimum number of patients to be scheduled for a clinic to be considered a full one-day clinic.

V HCP SPECIALTY CLINIC HOST SITE RESPONSIBILITIES
--

A. The specialty clinic host sites perform the following tasks:

1. Clinic Location:
 - a. Determine location and adequacy of clinic space:
 - Assure adequate space for patients and families to comfortably wait for their appointment
 - Provide special consideration and access for patients with wheel chairs, walkers, etc.
 - Follow local public health agency HIPAA guidelines for clinic activities
2. Clinic Coordination:
 - a. Designate a consistent specialty clinic coordinator
 - b. Send specialty clinic dates for the year to state HCP staff including the date, specialty, and specialty provider name.
 - c. Follow the HCP Specialty Clinic Policy and Guidelines to coordinate specialty clinics prior to clinic, during clinic, and after clinic.
 - d. Participate in the HCP Specialty Clinic Workgroup meetings.
 - e. Contact the state HCP Specialty Clinic Coordinator for information on obtaining read-only access to the contractor's electronic health record.
3. Provider Relations and Community Coordination:
 - a. Outreach to primary care providers and community partners with referral procedures
 - b. Share future specialty clinic dates, types of clinics and provider names
 - c. Monitor clinic wait list, new specialty providers in the community and number of children scheduled for clinics to support rescheduling or canceling a regional specialty clinic.



VI HCP SPECIALTY CLINIC COORDINATOR RESPONSIBILITIES

A. Coordination activities prior to clinic

1. Receive completed HCP specialty clinic referral form. Ensure that the clinic referral has originated from a primary care provider.
2. Contact the child's family to complete required clinic forms
 - a. Contact the family prior to clinic.

- b. Complete the following paperwork with the family: Clinic Consent & Release of Information and HCP Specialty Clinic Medical History. (Alternatively, the medical history form may be completed during clinic.)
 - c. Refer the family to a the public health nurse in the child's county of residence for community-based information and resources, if appropriate
3. Contact the child's primary care provider (PCP) and/or referring physician
 - a. Request relevant medical records, test results, and a formal referral for the patient.
 - b. Clarify questions and concerns that need to be addressed by the pediatric specialist during clinic.
 - c. Have referring physician contact the pediatric specialist for consultation about the clinic visit if needed (tests needed prior to the clinic and/or urgency of the clinic visit.)
4. Triage and schedule patients for the HCP specialty clinic
 - a. Triage to prioritize appointments for new and follow-up appointments. Triage is based on the severity of symptoms and not based on the county in which the child resides.
 - b. Schedule appointments based on University of Colorado School of Medicine minimum standards.
 - c. Cancel or reschedule clinic if unable to schedule minimum number of appointments.
 - Neurology – at least 8 children
 - Orthopaedic – at least 20 children
 - Rehabilitation – at least 10 children
 - d. Send appointment letter to the family detailing the time of their appointment, the location of the clinic, the specialty provider they will be seeing, and the clinic fee if applicable.
 - e. Prepare the HCP Specialty Clinic chart with the following:
 - HCP Referral Form
 - HCP Clinic Consent and Release of Information
 - HCP Specialty Clinic Medical History
 - Height and weight chart
 - HCP Specialty Clinic Visit Record
 - Appropriate test and procedure results
 - Summary reports and dictation from service providers and/or HCP Care Coordinator as appropriate
5. Confirm the appointment with the following:
 - a. Call the family prior to clinic date to confirm clinic appointment date and time.
 - b. Send the appointment date and time to the HCP care coordinator if the child/youth is receiving HCP care coordination
6. Set up clinic room and equipment
 - a. The physician examination room should be free from clutter and have a suitable examination table, with paper lining and cleaning supplies as needed
 - b. Assure safe patient environment that meets the developmental needs of children/youth
7. Set up an “office” room if available for the physician for dictation, review of records, writing orders, and contact other providers
 - a. Provide a computer with an internet connection for access to the contractor's electronic record

8. Ensure that a registered nurse is available to assist with the specialty clinic operations on the day of the specialty clinic.
9. Provide clinic equipment
 - a. All clinics are expected to have a scale, height and length measurement devices, head circumference measuring tape, growth charts, and a copier readily available (copies of insurance cards, referrals, physician orders, and prescriptions are often needed). Access to a wheelchair scale can be very helpful.

B. Coordination activities during clinic

1. Provide interpretation services as needed
2. Complete University of Colorado School of Medicine paperwork
 - a. Obtain parent signatures
 - b. Collect insurance information and copy of insurance card
 - c. Prepare paperwork to send with provider at the end of the clinic
3. Check the contractor's electronic health record to ensure that the referring physician is listed. (After clinic, the electronic health record will automatically send the dictation to the referring physician listed in the health record. If the referring physician is NOT listed, then complete the above mentioned University of Colorado School of Medicine paperwork in order to include the referring physician's information.)
4. Complete HCP Specialty Clinic forms
 - a. Obtain signatures for HCP Specialty Clinic Consent and Release of Information if not completed prior to clinic
 - b. Complete HCP Specialty Clinic Medical History if not completed prior to clinic
 - c. Ask family to self report household income and check percent poverty with Federal Poverty Levels if not completed prior to clinic
 - d. Collect Specialty Clinic Support Fees based on the Federal Poverty Levels
 - e. Provide the family with the HCP specialty clinic evaluation form to be completed by the family prior to leaving the clinic.
5. Complete activities with family before seeing specialty provider
 - a. Calculate body mass index (BMI) or height/weight ratio and chart on pediatric growth chart
 - b. Take vital signs according to the specific needs of the clinic
 - c. Record measurements, vital signs and other clinical information on the HCP Specialty Clinic Visit Record
 - c. Assist with family's understanding of next steps and clinic follow-up after seeing the specialty provider
 - d. Document follow-up plan on HCP Specialty Clinic Visit Record
 - e. As appropriate, make copies of prescriptions and follow-up documentation from provider and add to clinic chart
 - f. Review the family/youth's understanding of the specialist's recommendations and follow up and ensure that family has the information needed to follow through with follow up/referrals

- g. Clinic coordinator will refer family to their primary care provider and/or local public health agency, if appropriate, to assist with follow-up and/or other needed services and supports.
- h. Collect HCP specialty clinic evaluation form, ensuring confidentiality of responses.

C. Coordination activities after clinic

1. Receive and distribute the HCP specialty clinic dictated notes from the specialty provider to the:
 - a. Primary care provider/referring physician (if not already sent by the contractor)
 - b. Family
 - c. HCP care coordinator or local public health nurse in patient's county of residence, if applicable, following host agencies' HIPAA guidelines.
2. Add copy of dictation to HCP specialty clinic chart
3. Document those patients requiring specialty clinic follow-up appointments. Schedule and remind families of the follow-up appointment at the appropriate times.

Note: For patients who are also receiving HCP care coordination, the clinic host must maintain a chart for patients specifically related to clinic visits that are separate from care coordination records.

VII Assisting with a Referral to a Regional HCP Specialty Clinic

A. Referring a child to an HCP specialty clinic

Referral forms for HCP specialty clinics must come from a referring physician; however, local public health agencies from the child's county of residence are encouraged to help facilitate completion of the referral form as needed.

When assisting with a referral to specialty clinic, the local public health nurse from the patient's county of residence should:

- Complete the HCP specialty clinic referral form
- Send completed form to specialty clinic coordinator
- Share urgency of clinic visit, if known, and whether family will need an interpreter during clinic
- If available, provide any additional health history or records to assist with clinic visit.
- Assist family with transportation resources as needed.
- Assess if family needs community-based resources and refer as appropriate/available

B. Clinic follow-up

1. For patients' receiving HCP care coordination services:

- a. The specialty clinic host site will provide a copy of the HCP Specialty Clinic Record and dictation to the HCP care coordinator in the patient's county of residence, following the clinic host agency's HIPAA guidelines. The care coordinator should file the documentation in child's hard copy care coordination chart.
- b. The HCP care coordinator follows up with the family to ensure understand of specialty provider's recommendations and next steps.

- c. The HCP care coordinator clarifies questions or concerns with the HCP specialty clinic coordinator as needed.
- d. The HCP care coordinator contacts the child's primary care physician with questions or concerns with clinic follow-up as needed.
- e. The HCP care coordinator updates the child's care coordination action plan with clinic follow-up information to include the family's role, care coordinator's role and provider's role and provides a copy for the family.

Example Plan:

- 1. Susan (mother of child) will follow-up with PCP in one month to review medication change.
 - 2. Becky (clinic coordinator) will contact family to schedule follow-up clinic visit in six months.
 - 3. Susan (mother of child) will contact Medicaid for assistance with transportation costs.
 - 4. Susan (mother of child) will call Linda (care coordinator) with questions
 - 5. Linda (care coordinator) will call in 3 months to check and see how things are going.
2. **For patients NOT receiving HCP care coordination:**
- a. The referring local public health agency will not receive the HCP specialty clinic visit record or the specialty provider dictation.
 - b. The specialty clinic host site will refer the family to the local public health agency for any community-based information and resources as needed/available.

VIII HCP SPECIALTY CLINIC POLICIES

A. Specialty Clinic Benchmarks: Increasing, Reducing, Rescheduling or Closing Specialty Clinics

- 1. The CDPHE HCP Specialty Clinic Coordinator reviews potential changes for regional clinics as part of the state contracting process. Annually, the state HCP program determines, in collaboration with the regional clinic host sites, University Physicians, Inc (UPI) and the School of Medicine, any changes to the HCP specialty clinics benchmarks based on the following:
 - a. Current specialty clinic utilization data, wait list data and changes related to access to specialty care in rural communities
 - b. University of Colorado School of Medicine specialist provider availability and capacity
 - c. Revisions during the fiscal year must be approved by state HCP, regional clinic host sites, UPI, and School of Medicine department heads for neurology, orthopaedic and rehabilitation.

B. HCP Clinic Support Fees

- 1. The HCP specialty clinic support fees provide financial support to cover expenses related to hosting the clinics, such as clinic supplies and equipment. The host site is responsible for charging families according to a sliding scale fee. Fees are in addition to co-pays collected by University Physicians, Inc., which are based on the family's insurance policy.

- a. Fees are not charged to families whose child is enrolled in Medicaid.
- b. Assessment of household income:
 - Have families self report estimate of household income before taxes and the number of people in the household to determine the sliding scale fee.
 - If a family refuses to self report income, a \$100.00 maximum fee for each clinic will be charged.
 - A family, who has more than one child seen in clinic, is charged a clinic support fee for each child.
 - Sliding scale fees are based on Federal Poverty Level (FPL) which are updated annually in July: <http://aspe.hhs.gov/poverty/> or the Federal Poverty Guidelines may be accessed on the HCP website: www.hcpcolorado.org
 - Sliding scale fees:
 - No charge for families at or below 100% FPL
 - \$5 fee per visit for a rating of 101 - 133% FPL
 - \$10 fee per visit for a rating of 134 to 185% FPL
 - \$30 fee per visit for a rating of 186 to 211% FPL
 - \$50 fee per visit for a rating of 212 to 399% FPL
 - \$75 fee per visit for a rating of 400 to 450% FPL
 - \$100 fee per visit for a rating of 450% FPL and greater

C. Record Release from HCP Specialty Clinics

1. Requests for HCP Specialty Clinic records can only include:
 - a. HCP Specialty Clinic Visit forms, including the HCP Specialty Clinic Referral Form, HCP Specialty Clinic Medical History, and the HCP Specialty Clinic Visit Record
2. Copies of any records obtained by the specialty clinic coordinator cannot be sent to another agency or party. Record requests must be submitted directly to the agency where the original record resides.
3. The local public health agencies' HIPAA confidentiality and storage requirements shall be maintained
4. HCP Specialty Clinic Records will be stored according to the agency's record retention policy.
5. Consult with the local public health agency's HIPAA/privacy officer for guidance on HIPAA compliance.

D. Clinic Consent and Release of Information

The HCP Specialty Clinic Consent and Release Templates have been developed in accordance with HIPAA guidelines as a guide for local agencies that do not have their own consent and release forms. The consent and release of information is between the patient and the local public health agency, therefore, the logo for the local public health agency should appear on the form, in the upper left hand corner.

1. Patient Information:
The patient or a person who has the authority to act on behalf of the patient must fill out the patient information box. (i.e., parent/guardian). All information in this box must be filled out.
2. Specialty Clinic Consent:
The patient or their representative must initial to indicate, yes, they consent, or, no, they do not consent.
3. Release of Information:
Include the person or the class of persons authorized to make the disclosures and the person or class of persons to receive the disclosed information.
4. Communication with health care providers:
The patient or person who has authority to act on behalf of the patient must provide the name of the patient's primary health care provider(s).
5. Information to be released:
A specific description of the information to be released and range of dates is required for the information to be disclosed. (Specifically indicate the release of records relating to drug or alcohol abuse, HIV status, genetic testing or mental health records. A separate authorization form is required for release of psychotherapy notes.)
6. Patient/Authorized Representative Authorization:
You must keep numbers 1 through 5 in this section. They are key components to keeping the release within the guidelines set out by HIPAA. Under the signature and date, the Patient or Authorized Representative print their name and states their relationship or authority to act on the behalf of the patient.
7. Family Copy of Consent
Once the local public health agency has received the signed release from the patient, or their representative, provide the patient/family with a copy and check the box indicating such.

E. Clinic Visit Data Collection

The number of children/youth who are seen in clinic will be sent to the state HCP program by E-mail attachment within one (1) week of the clinic using the "HCP Specialty Clinic Data Collection Tool."

1. **New for FY13:** Please submit the HCP Specialty Clinic Data Collection Tool even if the clinic was not held with a brief explanation why the clinic was cancelled or rescheduled.
2. The following information is needed: clinic type, clinic date, site, physician, clinic coordinator name, phone number, and email
3. HCP clinic visits will be reported:
 - Number of children/youth seen
 - New appointments – new to the specific specialty clinic
 - Follow up appointments

- Number of children/youth by primary type of insurance coverage:
 - Private
 - Medicaid
 - CHP+
 - Tricare
 - No insurance
 - Insurance status unknown
- 4. Please send data collection tool by E-mail to:
 - Laura.Zuniga@state.co.us
- 5. Mail completed specialty clinic evaluation forms to:

HCP Program
Attn: Laura Zuniga
CDPHE
4300 Cherry Creek Drive South
Bldg A, 4th Floor
Denver, CO 80246-1530

F. Clinic Billing

UPI may bill Medicaid, CHP+, and private insurance companies.

1. Billing is the responsibility of UPI; therefore, reimbursement should be made directly to them.
2. UPI must accept Medicaid/CHP+ payment as full reimbursement.
3. Patients unable or unwilling to obtain their own insurance (identified as “self pay”) will not be billed unless the family and the provider agree before services are rendered on payment plans based on the family’s ability to pay.
4. UPI may bill a family with private insurance if an insurance payment is denied because the deductible has not been met.
5. UPI may choose not to bill families but will receive no further compensation.

IX HCP SPECIALTY CLINIC STATE CONTACT INFORMATION

Angela (Angie) Goodger
HCP Specialty Clinic Coordinator
Colorado Department of Public Health and Environment
Children and Youth Branch
303-692-6316
Angela.goodger@state.co.us

Jennie Munthali
HCP Unit Manager
Colorado Department of Public Health and Environment
Children and Youth Branch
303-692-2435
jennie.munthali@state.co.us

Laura Zuniga
HCP Data Collection
Colorado Department of Public Health and Environment
Children and Youth Branch
303-692-2409
Laura.zuniga@state.co.us

Health Care Program for Children with Special Health Care Needs Referral Form

Source Information				Date:	
Individual completing form:				Title:	
Phone:		Fax:		E-Mail:	
Type of Referral: <input type="checkbox"/> Community-based information/resources or HCP care coordination Specialty Clinic: <input type="checkbox"/> Neuro <input type="checkbox"/> Ortho <input type="checkbox"/> Rehab			Documentation requested after clinic: <input type="checkbox"/> HCP Specialty Clinic Record <input type="checkbox"/> Dictation		
Reason for referral:					
Client Information					
Last Name:		First:		Middle:	
Birth date:		Race: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Gender:		Hispanic Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Known Medical Conditions:					
Has the client previously been seen in a HCP Specialty Clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List type and date, if known:			Is the client currently enrolled in HCP Care Coordination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
Client's Physician Information					
Primary Care Provider:			Phone:		Fax:
Referring Provider:			Phone:		Fax:
Family Member/Guardian/Household Information					
Last Name:		First:		Middle:	
Gender:		Relationship to client: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent <input type="checkbox"/> Foster-parent <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Language Spoken:			Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:	Street:	City:	State:	Zip:	County:
Phone Number: (Check preferred #)	<input type="checkbox"/>	Type: (home, cell work, etc.)	<input type="checkbox"/>	Type: (home, cell work, etc.)	
Number of adults in household:		<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Number of children in household:		<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Annual income of household: \$		<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Or		<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Monthly income of household: \$		<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Does the family member need extra help to manage health care needs and services for the child/youth?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused			
Client's Insurance Information					
Type of Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHP+ <input type="checkbox"/> Private Insurance <input type="checkbox"/> Tricare <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused If Private Insurance provide name: Insurance Number:					
Comments:					

Please attach pertinent medical records to this referral, if available. Number of pages attached: ____

Referral Sent to Local Public Health Agency	
For local public health agency contact information, please see www.hcpcolorado.org	
Name:	
Date sent:	
If completed, phone report to whom at LPHA:	

HCP Specialty Clinic Consent and Release

<p>Patient Name _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First MI </div> Birth Date _____ Phone # _____ Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Code </div> </p>	Patient Information
<p>I hereby consent to the provision of services including examination, routine diagnostic procedures and non-surgical medical treatment, including therapy, by the physicians and/or technicians or health professionals designated by the <Local Public Health Agency> Health Care Program for Children with Special Needs (HCP). I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments, examination or therapies.</p> <p>Please Initial: _____ Yes, I consent to services / _____ No, I do not consent to services</p>	Specialty Clinic Consent
<p>I authorize the <Local Public Health Agency> Health Care Program for Children with Special Needs, to release and exchange information with the following agencies for the purposes of treatment and care coordination:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>	Release of Information
<p>I further authorize <Local Public Health Agency> Health Care Program for Children with Special Needs, to communicate and correspond with the above named child's (patient) primary care provider, other health providers indicated below, and/or their office staff for the purposes of treatment and care coordination. This includes telephone, secure email, fax, or written correspondence.</p> <p>Name of primary care provider _____</p> <p>Name of other health provider _____</p> <p>Name of other health provider _____</p>	Communication with Health Providers
<p>Copies of any and all health and family history assessments, chart notes, doctor's notes, any diagnosis, test results, copies of x-rays/scans, lab results, care coordination assessment and follow-up notes, specialty clinic dictations, and any screening results in your possession.</p> <p>For the time period of: ____/____/____ to ____/____/____</p>	Information to be Released
<p>I understand that: (1) My signature on this form is strictly voluntary. (2) I may revoke this authorization at any time in writing, and if I do it will not have any effect on any actions taken prior to receiving the revocation. (3) If the requester or receiver is not a health plan or health care provider, the released information may be disclosed by the recipient and may no longer be protected by federal privacy regulations. (4) If I do not sign this form, my health care, the payment for my health care or my ability to enroll for benefits will not be affected. (5) I may inspect or obtain a copy of the health information that I am being asked to disclose.</p> <p>Expiration: Without my express revocation, this consent will automatically expire upon termination of services with <Local Public Health Agency> Health Care Program for Children with Special Needs, unless otherwise specified.</p> <p>Specified expiration date (optional) _____</p> <p>Signature _____ Date _____</p> <p>Printed Name: _____ Relationship to Patient/Authority to Act: _____</p>	Patient/Authorized Representative Authorization

OFFICE USE:

☐ COPY TO PATIENT OR PERSONAL REPRESENTATIVE



[Agency Logo]

<Insert Date>

<Insert Primary Contact's Name & Address>

Dear Family of <Insert CYSHCN First and Last Name>:

Greetings to you and your family from HCP (Health Care Program for Children with Special Needs).

This letter serves as a reminder that your child has been scheduled for an appointment. If you are unable to keep your appointment, please call the HCP Clinic Coordinator (number below) to cancel or reschedule as soon as possible. Please bring your insurance card to your appointment. Here is your appointment information:

Physician's Name:

HCP Specialty Clinic Name:

Location:

Date:

Time:

There is a sliding-scale specialty clinic fee based on family income (taken from your last renewal/information sheet). The fee is \$_____ and is due on the day of the clinic. If you are unable to pay the full fee, please contact the HCP Clinic Coordinator (number below).

We hope you will find our services helpful.

Sincerely,

<Insert Name and Title>

HCP Clinic Coordinator

Health Care Program for Children with Special Needs

<Insert telephone number>



[Agency Logo]

<Insert Date>

<Insert Primary Contact's Name & Address>

Estimada familia de <Insert Child's First and Last Name>:

Saludos para usted y su familia de parte de El Programa Para Niños con Necesidades de Salud (HCP por sus siglas en ingles).

Esta carta es un recordatorio de la cita que se programó para su hijo/a. Si no puede asistir a su cita, llame al Coordinador de la clínica del HCP (al número que se encuentra abajo) para cancelar o volver a programar su cita tan pronto como sea posible. **Traiga su tarjeta del seguro medico a su cita.**

A continuación puede encontrar la información de su cita:

Nombre del médico:

Nombre de la Clínica de especialidades del HCP:

Ubicación:

Fecha:

Hora:

Hay una escala móvil de honorarios en la clínica de especialidades que se basa en los ingresos familiares (proveniente de su última hoja de información/renovación). Los honorarios son \$_____ y se deben pagar el día que llegue a la clínica. Si no puede pagar el monto completo, comuníquese con el Coordinador de la clínica del HCP (al número que se encuentra abajo).

Esperamos que nuestros servicios le sean útiles.

Atentamente,

<Insert Name and Title>

Coordinador de la clínica del HCP

El Programa Para Niños con Necesidades de Salud

<Insert telephone number>



HCP SPECIALTY CLINIC MEDICAL HISTORY

DATE: _____

Child/Youth's Name: _____

DOB: _____ Age: _____ Gender: _____ Insurance/ Number: _____

Parent's Name: _____

Mailing Address: _____ City: _____ Zip: _____

County: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

School: _____ Teacher: _____ Grade: _____

Name of PCP: _____ Phone: _____ Last Visit: _____

Address: _____ Zip: _____

Other Specialists: _____

Family/Child/Youth Concerns/Questions:

Brief Description of Concern: (Date first identified, duration, treatments used and how they have worked)

PCP Questions to Be Answered:

Medication	Maximum Dose mg/kg/day	Frequency/ Doses	Date Started	Date Stopped	Reason discontinued

RELEVANT HISTORY:

Relevant Prenatal/Birth History: _____

Current Overall Health Status: _____

Prior Evaluations/Tests/Procedures _____

Surgeries: _____

Accidents/Hospitalizations: _____

Drug allergies: _____

Therapies (OT, PT, SLP, other): _____

Nutritional Concerns: _____

Developmental Status: _____

Psycho - Social Concerns: _____

Need for HCP Care Coordination: (e.g. family health, insurance, transportation, child care, interpreter needed) _____

Additional Family History: _____

Recommendation of HCP Specialty Clinic Coordinator:

Schedule appointment at next _____ clinic. Schedule appointment in _____ months.

Consult with Dr. _____ Refer to: _____

Request for HCP Care Coordination or community based resources sent to: _____

HCP Specialty Clinic Coordinator Signature: _____



HCP SPECIALTY CLINIC VISIT RECORD

Clinic Date: _____

Clinic Location: _____

Clinic Provider: _____ Clinic Type: ____ Neuro ____ Rehab ____ Ortho

Child/Youth's Name: _____

DOB: _____ Age: _____ Gender: _____ Insurance: _____

Parent's Name: _____

Mailing Address: _____ City: _____ Zip: _____

County: _____ Phone: _____

Name of PCP: _____ Phone: _____ Last Visit: _____

Address: _____ City: _____ Zip: _____

Medical condition(s): _____

Medication	Maximum Dose mg/kg/day	Frequency/ Doses	Date Started	Date Stopped	Reason discontinued

Immunization Status: ____ Up to Date ____ Needed Vital Signs: HR: : ____ RR: ____ BP: ____

Wt: ____ %tile Ht: ____ %tile Head Circ. ____ %tile Plotted: Y N

CONCERNS: _____

ASSESSMENT: _____

PLAN: _____

TEACHING INTERVENTIONS: _____

Schedule next specialty clinic appointment in _____ ☐ weeks ☐ months

Schedule next PCP appointment in _____ ☐ weeks ☐ months

Nurse Signature: _____ Phone number: _____

FY13 HCP SPECIALTY CLINIC DATA COLLECTION TOOL

CLINIC TYPE (CHECK ONE):

☐ Orthopedic

☐ Neurology

☐ Rehabilitation

CLINIC DATE: _____ CLINIC SITE: _____

CLINIC PHYSICIAN: _____

SPECIALTY CLINIC COORDINATOR NAME: _____

PHONE NUMBER: _____ E-mail: _____

TYPE OF PATIENT CLINIC VISITS: (number of children/youth seen by type of visit)

NEW APPOINTMENT (TO THIS SPECIALTY CLINIC): _____

FOLLOW UP APPOINTMENT: _____

TOTAL NUMBER OF CHILDREN SEEN: _____

PAYER SOURCE: (number of children/youth seen by pay source)

PRIVATE INSURANCE: _____

MEDICAID: _____

CHP+: _____

TRICARE: _____

NO INSURANCE: _____

INSURANCE STATUS UNKNOWN: _____

TOTAL: _____

Please report any changes in the name of the Specialty Clinic Coordinator or the physician attending clinic:

****NEW** Please report if a clinic was cancelled and the reason for the cancellation. Will the clinic be rescheduled?

Please send this report within one (1) week of the Specialty Clinic to HCP: Laura Zuniga

Fax: 303-753-9249

E-mail: laura.zuniga@state.co.us

Mail: Colorado Department of Public Health & Environment
Children and Youth Branch
4300 Cherry Creek Drive South
Denver, CO 80246-1530

HCP Specialty Clinic Referral Flow Chart



Colorado Department
of Public Health
and Environment



PCP completes the HCP Referral Form and submits to clinic host site and provides a copy to the family if possible

LPHA in county of residence helps to facilitate referrals for HCP specialty clinics by working with the referring physician to complete the HCP Referral Form and assure submission to Regional Specialty Clinic Coordinator

Pre-Clinic Responsibilities

- Obtain clinic consent and release of information from family
- Obtain medical records and test results from PCP and/or other providers
- Complete HCP Specialty Clinic Medical History form before or during clinic
- Triage patients and schedule appointments
- Cancel or reschedule clinic if unable to schedule minimum number of appointments
- Determine sliding scale fee and include amount in appointment letter
- Mail appointment letter and call family to confirm appointment date/time
- Prepare the HCP Specialty Clinic chart
- Prep clinic rooms

During Clinic Responsibilities

- Provide interpretation services as needed
- Complete sliding scale fee screening and collect fees as appropriate
- Complete University of Colorado School of Medicine paperwork
- Complete HCP Specialty Clinic Medical History if not completed prior to appointment
- Document height/weight/vital signs as appropriate
- Following provider visit, review follow up recommendations with family
- Complete HCP Specialty Clinic Record
- Provide family with specialty clinic evaluation form

Post Clinic Responsibilities

- Receive and distribute the HCP specialty clinic dictated notes to the:
 - o Primary care provider (if not already sent by the contractor)
 - o Family
 - o HCP care coordinator/local public health nurse in patient's county of residence, if applicable
- Complete the Data Collection Tool and send to state HCP staff

PCP follows up with family based on dictation

Does the family need additional community-based information and resources?

YES

Does the family reside in the specialty clinic host site county?

YES

Provide community-based information and resources

NO

Refer to LPHA in county of residence for information and resources

NO

No follow-up needed

Color Key:

- Blue = Clinic host-site action needed
- Yellow = Referring physician action needed
- Green = LPHA action needed